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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on	Gwendolynn	
	your government-issued picture identification (for example, your driver's	First name	First name
	license or passport).	Middle name	Middle name
	Bring your picture	Johnson	
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
	3		
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security		
	number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1126	

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Debtor 1 **Gwendolynn Johnson**

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		1631 N Merrimac Ave Chicago, IL 60639	N 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
		Number, Street, City, State & ZIP Code Cook	Number, Street, City, State & ZIP Code
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 **Gwendolynn Johnson**

Case number (if known)

art	Tell the Court About	Your Ba	nkruptcy Ca	ise			
' .	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Ban e box.	kruptcy
	choosing to file under	■ Chapter 7					
		☐ Cha	apter 11				
		☐ Cha	apter 12				
		☐ Cha	apter 13				
3.	How you will pay the fee		about how yo	ou may pay. Typio attorney is subm	cally, if you are paying the fee yo	k with the clerk's office in your local court for mo ourself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or o	or money
						on, sign and attach the Application for Individual	ls to Pay
			J		(Official Form 103A). ved (You may request this option	n only if you are filing for Chapter 7. By law, a ju	ıdge may,
		k a	out is not req applies to yo	uired to, waive your family size and	our fee, and may do so only if you I you are unable to pay the fee in	our income is less than 150% of the official poven installments). If you choose this option, you motial Form 103B) and file it with your petition.	rty line that
).	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	☐ Yes	i.				
	•		District		When	Case number	
			District		When	0	
			District		When	Case number	
0	Are any bankruptcy	-					
•	cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
1.	Do you rent your	□ No.	Go to I	ine 12.			
	residence?	■ Yes	. Has yo	our landlord obtain	ned an eviction judgment agains	t you and do you want to stay in your residence	?
				No. Go to line 1	2.		
				Yes. Fill out <i>Initi</i> bankruptcy petit		Judgment Against You (Form 101A) and file it w	vith this

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Debtor 1	Gwendolynn Johnson			Case number (if known)	

Part	Report About Any Bu	sinesses	You Own	as a Sole Propriet	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of busi	ness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, State	e & ZIP Code
	it to this petition.		Check	k the appropriate box	k to describe your business:
				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))
				Commodity Broker	r (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you in is, cash-fl i.C. 1116(dicate that you are a ow statement, and fo 1)(B).	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am r	not filing under Chap	ter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter 1	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Pari	t 4: Report if You Own or	Have Any	· Hazardo	ous Property or Any	Property That Needs Immediate Attention
	Do you own or have any	■ No.		. , ,	
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
	, ,			•	Number, Street, City, State & Zip Code

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Debtor 1 Gwendolynn Johnson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Der	Gwendolynn John	15011			Case number	(II KNOWN)		
Par	Answer These Quest	ions for Repo	rting Purposes					
16.	What kind of debts do you have?	ind	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			□ No. Go to line 16b.					
			Yes. Go to line 17.					
			e your debts primarily busin ney for a business or investm					
			No. Go to line 16c.					
			Yes. Go to line 17.					
		16c. Sta	te the type of debts you owe	that are not consu	mer debts or busines	s debts		
17.	Are you filing under Chapter 7?	□ No. I ar	n not filing under Chapter 7. 0	Go to line 18.				
	Do you estimate that after any exempt property is excluded and		n filing under Chapter 7. Do y paid that funds will be availa			erty is excluded and administrative expenses		
	administrative expenses		No					
	are paid that funds will be available for distribution to unsecured creditors?		Yes					
18.	How many Creditors do	1 -49		1 ,000-5,000)	□ 25,001-50,000		
	you estimate that you owe?	□ 50-99		5001-10,00	0	5 0,001-100,000		
		□ 100-199 □ 200-999		□ 10,001-25,0	000	☐ More than100,000		
19.	How much do you estimate your assets to	\$ 0 - \$50,0	00	□ \$1,000,001		□ \$500,000,001 - \$1 billion		
	be worth?	□ \$50,001 -	· ·	□ \$10,000,00°	1 - \$50 million 1 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
		□ \$100,001 □ \$500,001			01 - \$500 million	☐ More than \$50 billion		
20.	How much do you estimate your liabilities	\$0 - \$50,0		□ \$1,000,001		\$500,000,001 - \$1 billion		
	to be?	□ \$50,001 - □ \$100,001		□ \$10,000,00°	1 - \$50 million 1 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion		
		□ \$500,001 □ \$500,001			01 - \$500 million	☐ More than \$50 billion		
Par	t7: Sign Below							
For	you	I have exami	ned this petition, and I declare	e under penalty of	perjury that the inform	nation provided is true and correct.		
						under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.		
			If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		I request relie						
		bankruptcy cand 3571.	ase can result in fines up to \$2			r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,		
			llynn Johnson In Johnson		Signature of Debtor	•2		
		Signature of						
		Executed on	December 20, 2016		Executed on			
			MM / DD / YYYY		MM	/ DD / YYYY		

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Debtor 1 Gwendolynn Johnson

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Mehul D. Desai	Date	December 20, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Mehul D. Desai		
Printed name		
Swanson & Desai, LLC		
Firm name		
2314 W North Ave Unit C-1W		
Chicago, IL 60647		
Number, Street, City, State & ZIP Code		
Contact phone 312-666-7882	Email address	kswanson@swansondesai.com
6296214		
Bar number & State		

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Gwendolynn Joh	nson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

2/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	19,128.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	19,128.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	13,738.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,529.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	17,443.69
	Your total liabilities	\$	32,710.69
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,389.90
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,505.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
	■ Yes What kind of debt do you have?		

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Page 9 of 55 Case number (if known) Debtor 1 Gwendolynn Johnson

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,639.21 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	l claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,529.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ _	0.00
9g. Total. Add lines 9a through 9f.	\$	1,529.00

Case 16-39950 Doc 1 Filed 12/20/16 Entered 12/20/16 18:14:26 Desc Main Page 10 of 55 Document Fill in this information to identify your case and this filing: Debtor 1 **Gwendolynn Johnson** Middle Name Last Name First Name Debtor 2 Middle Name (Spouse, if filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Kia Who has an interest in the property? Check one Make: 3 1 the amount of any secured claims on Schedule D: **Optima** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2013 Debtor 2 only Current value of the Current value of the 50.000 Approximate mileage: entire property? Debtor 1 and Debtor 2 only portion you own? Other information: ☐ At least one of the debtors and another Sedan 4D EX \$15,050.00 \$15,050.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for

pages you have attached for Part 2. Write that number here.....=>

\$15,050.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

portion you own?

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Case number (if known) Debtor 1 **Gwendolynn Johnson** Do not deduct secured claims or exemptions. Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... **Healthcare Associates Credit Union** \$3.00 **Credit Union** Fifth Third Bank Checking \$20.00 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No

☐ Yes. Give specific information about them...

Debtor 1	Case 16-39950 Gwendolynn Johnso		Filed 12/20/16 Document	Page 13 of 55	0/16 18:14:26 ase number (if known)	Desc Main
					ase number (ii known)	
Exam ■ No	ts, copyrights, trademark ples: Internet domain name Give specific information	es, websites, p			s	
	·		maibles			
Exam ■ No	ses, franchises, and other ples: Building permits, excl	lusive licenses		n holdings, liquor licens	es, professional licens	es
	·	about them				
Money or	property owed to you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	funds owed to you					
Yes.	. Give specific information a	about them, in	cluding whether you alre	ady filed the returns and	the tax years	
					l	
		Anti	icipated Tax Refund	for 2016	Federal	\$2,000.00
30. Other Exam ■ No □ Yes.	amounts someone owes ples: Unpaid wages, disabi benefits; unpaid loans. Give specific information.	you ility insurance s you made to		efits, sick pay, vacation	pay, workers' compe	nsation, Social Security
	sts in insurance policies ples: Health, disability, or li	fe insurance;	health savings account (l	HSA); credit, homeown	er's, or renter's insurar	nce
☐ Yes.	Name the insurance comp	pany of each p mpany name:	policy and list its value.	Beneficiar	<i>r</i> :	Surrender or refund
If you somed ■ No	nterest in property that is are the beneficiary of a livi one has died. Give specific information.	ng trust, expe			urrently entitled to rece	value: eive property because
Exam □ No	s against third parties, which is against third parties, which is against third parties, which is against the same against th	ent disputes, in			or payment	
		2014-1	W4-001446			
		Gwen injury	dolynn Johnson v. S)	andra Hartman (Toi	t: not personal	\$1,440.00
34. Other	contingent and unliquida	ated claims of	f every nature, includin	g counterclaims of the	e debtor and rights to	set off claims

☐ Yes. Describe each claim.......

	Case 16-39950	Doc 1 Filed 12/20/1 Document	6 Entered 1 Page 14 of	2/20/16 18:14:26 55	Desc Main
Debt	or 1 Gwendolynn Johnson	n		Case number (if known)	
35. A	ny financial assets you did not	already list			
	No				
	Yes. Give specific information				
36.		our entries from Part 4, including ere			\$3,463.00
Part :	5: Describe Any Business-Related	Property You Own or Have an Intere	st In. List any real est	ate in Part 1.	
37. D	o you own or have any legal or equi	table interest in any business-related	property?		
	No. Go to Part 6.				
	Yes. Go to line 38.				
Part (Describe Any Farm- and Comme If you own or have an interest in fa	ercial Fishing-Related Property You C armland, list it in Part 1.	wn or Have an Intere	st In.	
46. D	o you own or have any legal or	equitable interest in any farm- o	r commercial fishi	ng-related property?	
_	No. Go to Part 7.			,	
ı	Yes. Go to line 47.				
Part 1	Describe All Property You 0	Own or Have an Interest in That You	Did Not List Above		
	o you have other property of ar Examples: Season tickets, country	ny kind you did not already list?			
	No	y club membership			
	Yes. Give specific information				
54.	Add the dollar value of all of yo	our entries from Part 7. Write that	number here		\$0.00
Part 8	List the Totals of Each Part of	of this Form			
55.	Part 1: Total real estate line 2				\$0.00
	Part 2: Total vehicles, line 5		\$15,050.00		φυ.υυ
	Part 3: Total personal and hous	sehold items. line 15	\$615.00		
	Part 4: Total financial assets, li	·	\$3,463.00		
	Part 5: Total business-related p	-	\$0.00		
	Part 6: Total farm- and fishing-	- · · · · · · · -	\$0.00		
	Part 7: Total other property not	· · · · -	\$0.00		
62	Total paraenal property: Add lie	- ooo E6 through 61		Convencend property	otal \$40.420.00
62.	Total personal property. Add lin	เ อ ง 50 เทเบนฐก ซ ก	\$19,128.00	Copy personal property t	otal \$19,128.00
63.	Total of all property on Schedu	Ile A/B. Add line 55 + line 62			\$19,128.00
-	, , , , , , , , , , , , , , , , , , , ,				Ψ13,120.00

Official Form 106A/B Schedule A/B: Property page 5

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Page 15 of 55 Document Fill in this information to identify your case: Debtor 1 **Gwendolynn Johnson** Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$300.00		\$300.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$200.00		\$200.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$100.00		\$100.00	735 ILCS 5/12-1001(a)
		100% of fair market value, up to any applicable statutory limit	
\$15.00		\$15.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$3.00		\$3.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
	\$300.00 \$100.00	\$300.00	\$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$300.00 \$200.00 \$200.00 \$200.00 \$100% of fair market value, up to any applicable statutory limit \$100.00 \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$100% of fair market value, up to any applicable statutory limit \$15.00 \$100% of fair market value, up to any applicable statutory limit \$3.00 \$3.00 \$3.00 \$3.00

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Case number (if known)

	- Guenaciyiiii cerinicen			ouco number (ii iuremi)	
	ief description of the property and line on chedule A/B that lists this property	Current value of the portion you own	ne Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	hecking: Fifth Third Bank	\$20.00		\$20.00	735 ILCS 5/12-1001(b)
LII	ne nom <i>Schedule AVD</i> . 17.2			100% of fair market value, up to any applicable statutory limit	
	ederal: Anticipated Tax Refund for	\$2,000.00		\$2,000.00	735 ILCS 5/12-1001(b)
	ne from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
20	014-M4-001446	\$1,440.00		\$1,440.00	735 ILCS 5/12-1001(b)
H	wendolynn Johnson v. Sandra artman (Tort: not personal injury) ne from <i>Schedule A/B</i> : 33.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption ubject to adjustment on 4/01/19 and every			ed on or after the date of adjustmen	nt.)
	No				
		ed by the exemption wi	ithin 1	215 days before you filed this case	?
	□ No				
	☐ Yes				

	00.00 = 00	9950 Doc 1	Filed 12/20/16 Document	Entered Page 17	d 12/20/16 18: ' of 55	14:26 Desc N	<i>l</i> lain
Fillir	this information to ide	entify your case:	3000000				
Debte	Gwendo First Name	olynn Johnson	fiddle Name	Last Name			
Debte (Spous	or 2 e if, filing) First Name	N	fiddle Name	Last Name			
Unite	d States Bankruptcy Coւ	urt for the: NORT	HERN DISTRICT OF ILL	INOIS			
Case (if know	number _{vn)}						if this is an ded filing
	cial Form 106D						
Sch	nedule D: Cred	ditors Who	Have Claims :	Secured	by Propert	у	12/15
s need number 1. Do a	ded, copy the Additional Partific (if known). In y creditors have claims s	age, fill it out, numbe	ied people are filing together the entries, and attach it the entries.				
	Yes. Fill in all of the info	ormation below.	the court with your other	schedules. Yo	ou have nothing else t	o report on this form.	
Part	Yes. Fill in all of the info	ormation below.	the court with your other		ou have nothing else t	o report on this form. Column B	Column C
Part 2. Lis	Yes. Fill in all of the info 1: List All Secured C t all secured claims. If a cre ch claim. If more than one of	ormation below. laims editor has more than our or		ditor separately		·	Column C Unsecured portion If any
Part 2. Lis	Yes. Fill in all of the info 1: List All Secured C t all secured claims. If a cre ch claim. If more than one of	ormation below. Ilaims editor has more than o oreditor has a particular has a particular halphabetical order actedit	the court with your other ne secured claim, list the crer r claim, list the other creditors	ditor separately s in Part 2. As e.	Column A Amount of claim Do not deduct the	Column B Value of collateral that supports this	Unsecured portion
Part 2. Lis for ea much	Yes. Fill in all of the info 1: List All Secured C t all secured claims. If a cre ch claim. If more than one c as possible, list the claims in Healthcare Assoc C	cormation below. claims editor has more than o creditor has a particular n alphabetical order ac redit Describe	ne secured claim, list the cree r claim, list the other creditors cording to the creditor's name the property that secures to the country of the country of the property that secures the Optima 50,000 mile	ditor separately in Part 2. As e. he claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Unsecured portion If any
Part 2. Lis for ea much	Yes. Fill in all of the info List All Secured C t all secured claims. If a cre ch claim. If more than one c as possible, list the claims in Healthcare Assoc Ci Union	redit Describe 2013 Ki Sedan A	the court with your other ne secured claim, list the cree r claim, list the other creditors cording to the creditor's name the property that secures to ia Optima 50,000 mile 4D EX date you file, the claim is:	ditor separately in Part 2. As e. he claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Unsecured portion If any
Part 2. Lis for ea much 2.1	Yes. Fill in all of the info List All Secured C t all secured claims. If a cre ch claim. If more than one c as possible, list the claims in Healthcare Assoc Ci Union Creditor's Name	permation below. Iaims	the court with your other ne secured claim, list the creation cording to the creditor's name the property that secures to a Optima 50,000 mile 4D EX date you file, the claim is: or agent idated	ditor separately in Part 2. As e. he claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Unsecured portion If any

☐ Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset)

> Opened 02/15 Last Active

community debt

0800 Date debt was incurred 11/16/16 Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here: \$13,738.00 If this is the last page of your form, add the dollar value totals from all pages. \$13,738.00 Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Filed 12/20/16 Case 16-39950 Doc 1 Entered 12/20/16 18:14:26 Desc Main Page 18 of 55 Document Fill in this information to identify your case: Debtor 1 **Gwendolynn Johnson** Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ■ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority amount amount 2.1 Last 4 digits of account number \$229.00 Illinois Department of Revenue \$229.00 \$0.00 Priority Creditor's Name **Bankruptcy Section** When was the debt incurred? P.O. Box 64338 Chicago, IL 60664 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed

Type of PRIORITY unsecured claim:

■ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

2015 Taxes

☐ Domestic support obligations

Other. Specify

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

■ No

☐ Yes

☐ At least one of the debtors and another☐ Check if this claim is for a community debt

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Debt	or 1 Gwendolynn Johnson	Case numb	oer (if know)		
2.2	Internal Revenue Service	Last 4 digits of account number	\$1,300.00	\$1,300.00	\$0.00
	Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that	t apply		
	Who incurred the debt? Check one.	☐ Contingent			
	■ Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	☐ At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	■ Taxes and certain other debts you owe the gove	rnment		
	Is the claim subject to offset?	lacksquare Claims for death or personal injury while you were	re intoxicated		
	■ No	☐ Other. Specify			
	☐ Yes	2013 Taxes			
Part	2: List All of Your NONPRIORITY Unsecu	red Claims			
4. L u tl	nsecured claim, list the creditor separately for each c	e alphabetical order of the creditor who holds each laim. For each claim listed, identify what type of claim i creditors in Part 3.If you have more than three nonprid	t is. Do not list claims	already included in Par	rt 1. If more n Page of
4.1	A/r Concepts	Last 4 digits of account number 6707		Total olali	\$250.00
7.1	Nonpriority Creditor's Name 18-3 E Dundee Rd Barrington, IL 60010 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim is: Check all t	hat apply		Ψ230.00
	Who incurred the debt? Check one.	_			
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreen	nent or divorce that vo	ou did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and	other similar debts		
	∏ yes	Other Specify 04 Village Of Westch	ester		

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Debtor 1 Gwendolynn Johnson Case number (if know) 4.2 Last 4 digits of account number 5324 \$229.00 Nonpriority Creditor's Name PO Box 27901 When was the debt incurred? Milwaukee, WI 53227 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.3 **Advocate Medical Group** Last 4 digits of account number 9032 \$223.00 Nonpriority Creditor's Name PO Box 92523 When was the debt incurred? Chicago, IL 60675 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Π Yes Collections Other. Specify 4.4 **American First Finance** Last 4 digits of account number \$698.62 Nonpriority Creditor's Name Bankruptcy Dept. When was the debt incurred? 3515 N. Ridge Rd., #200 Wichita, KS 67205 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured

☐ Yes

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Debtor 1 Gwendolynn Johnson Case number (if know) 4.5 **American General Financial** Last 4 digits of account number 5366 \$0.00 Nonpriority Creditor's Name /Springleaf Financial Opened 7/30/15 Last Active Unit F When was the debt incurred? 10/16 Villa Park, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Notice Only** Note Loan 4.6 **Buckeye Check Cashing of Illinois** Last 4 digits of account number 0755 \$151.38 Nonpriority Creditor's Name 6785 Bobcat Way When was the debt incurred? Ste 200 Dublin, OH 43016-8755 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections Other. Specify 47 Capital One Last 4 digits of account number 9413 \$2,137.00 Nonpriority Creditor's Name Opened 7/10/12 Last Active Po Box 30281 When was the debt incurred? 04/16 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Credit Card

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Debtor	1 Gwendolynn Johnson		Case number (if know)			
4.8	City of Chicago	Last 4 digits of account number		\$1,000.00		
	Nonpriority Creditor's Name c/o Arnold Scott Harris PC 111 W Jackson Blvd, Ste 600 Chicago, IL 60604	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Parking Tic	ekets			
4.9	EPMG of Illinois SC Nonpriority Creditor's Name	Last 4 digits of account number	9790	\$259.20		
	PO Box 95968 Oklahoma City, OK 73143	When was the debt incurred?				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim				
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Collections				
4.1	Healthcare Assoc Cr Un	Last 4 digits of account number	0704	\$4,952.00		
	Nonpriority Creditor's Name 1151 E Warrenville Rd Naperville, IL 60563	When was the debt incurred?	Opened 05/15 Last Active 11/16/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	_					
	Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Unsecured				

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Gwendolynn Johnson		Case number (if know)	
Healthcare Assoc Cr Un	Last 4 digits of account number	0165	\$476.00
Nonpriority Creditor's Name	_	Opened 08/13 Last Active	
1151 E Warrenville Rd Naperville, IL 60563	When was the debt incurred?	12/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Credit Card	<u> </u>	
ICS/Illinois Collection Service	Last 4 digits of account number	6431	\$286.00
Nonpriority Creditor's Name 8231 185th St Ste 100 Tinley Park, IL 60487	When was the debt incurred?	Opened 02/15	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Collection S.C.	Attorney Radiologists Of Dupage	
Illinois Tollway	Last 4 digits of account number		\$400.00
Nonpriority Creditor's Name 2700 Ogden Ave Downers Grove, IL 60515	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt		ration agreement or divorce that you did not	
Is the claim subject to offset? ■ No	report as priority claims Debts to pension or profit-sharin	o plans, and other similar debts	
Yes	Other Specify Tollway fin	es	

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Case number (if know)

Debtor	1 Gwendolynn Johnson	——————	Case number (if know)			
4.1	L J Ross And Associate	Last 4 digits of account number	1680	\$250.00		
	Nonpriority Creditor's Name Universal Way	When was the debt incurred?	Opened 10/16 Last Active 09/13			
	Jackson, MI 49202 Number Street City State Zlp Code	As of the date you file, the claim				
	Who incurred the debt? Check one.					
	Debtor 1 only	Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	Check if this claim is for a community debt		aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sharin				
	Yes	Other. Specify Collection	Attorney Comed			
4.1 5	Med Business Bureau	Last 4 digits of account number	8313	\$50.00		
	Nonpriority Creditor's Name 1460 Renaissance Dr Park Ridge, IL 60068	When was the debt incurred?	Opened 07/16 Last Active 02/16			
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.					
	■ Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	\square Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	■ Other. Specify Collection	Attorney Dupage Emg Phy			
4.1	Medical Business Bureau	Last 4 digits of account number	5038	\$88.00		
	Nonpriority Creditor's Name P.O. Box 326 Grand Haven, MI 49417	When was the debt incurred?				
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	aration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims	3 ,			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	■ Other, Specify Collections	S			

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Gwendolynn Johnson		Case number (if know)	
Merchants Credit	Last 4 digits of account number	7311	\$51.00
Nonpriority Creditor's Name	_		
223 W Jackson Blvd Ste 4 Chicago, IL 60606	When was the debt incurred?	Opened 02/16 Last Active 06/15	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□Yes	Other. Specify Collection Profession	Attorney Midwest Imaging als	
Midwest Imaging Professionals	Last 4 digits of account number	6001	\$51.00
Nonpriority Creditor's Name P.O. Box 223831 Pittsburgh, PA 15250-7863	When was the debt incurred?		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Collections	3	
Nationwide Credit & Collections,			
Nonpriority Creditor's Name	Last 4 digits of account number	9409	\$1,309.00
815 Commerce Dr Ste 270 Oak Brook, IL 60523	When was the debt incurred?	Opened 11/15	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
■ Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
□ Yes	Collection Other. Specify Hospital	Attorney Gottlieb Memorial	

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wendolvnn Johnson Case number (if know)

Debtor	Gwendolynn Johnson		Case number (if know)	
4.2	Nationwide Credit & Collections, Inc	Last 4 digits of account number	1337	\$304.65
	Nonpriority Creditor's Name 815 Commerce Dr Ste 270 Oak Brook, IL 60523	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Collections		
4.2	Onemain Nonpriority Creditor's Name	Last 4 digits of account number	5366	\$3,007.00
	Po Box 1010	When was the debt incurred?	Opened 11/16 Last Active 11/22/16	
	Evansville, IN 47706 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	,		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Note Loan		
4.2	Peoples Gas Nonpriority Creditor's Name	Last 4 digits of account number	3181	\$300.00
	200 East Randolph Chicago, IL 60601	When was the debt incurred?	Opened 8/21/07 Last Active 5/17/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other, Specify Agriculture		
	— 103	- Utner Specify Agriculture		

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Debte	or 1 Gwendolynn Johnson	Case number (if know)	
4.2 3	PLS Loan Store	Last 4 digits of account number	\$693.00
	Nonpriority Creditor's Name 17 W 625 Roosevelt Rd Oakbrook Terrace, IL 60181	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Pay day loan	
4.2	Rush Oak Park Hospital	Last 4 digits of account number 5088	\$227.84
4	Nonpriority Creditor's Name 26099 Network Place Chicago, IL 60673	When was the debt incurred?	*
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Collections	
4.2	West Suburban Obstetrics &		
5	Gynecolo	Last 4 digits of account number	\$50.00
	Nonpriority Creditor's Name 500 E 22nd St, Ste A Lombard, IL 60148	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

■ Other. Specify Medical Bill

Name and Address

debt

■ No

☐ Yes

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

report as priority claims

 \square Check if this claim is for a community

Is the claim subject to offset?

Case 16-39950 Doc 1 Filed 12/20/16 Entered 12/20/16 18:14:26 Desc Main Document Page 28 of 55 Case number (if know) Debtor 1 Gwendolynn Johnson **Advocate Medical Group** Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 8550 W Bryn Mawr Ave 8th Fl Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60631 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? American General Line **4.5** of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Financial/Springleaf Fi ■ Part 2: Creditors with Nonpriority Unsecured Claims Springleaf Financial/Attn: **Bankruptcy De** Po Box 3251 Evansville, IN 47731 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Capital One Line 4.7 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 30285 ■ Part 2: Creditors with Nonpriority Unsecured Claims Salt Lake City, UT 84130 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Gottlieb Memorial Hospital** Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 74867 Part 2: Creditors with Nonpriority Unsecured Claims Chicago, IL 60694-4867 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **ICS/Illinois Collection Service** Line 4.12 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Po Box 1010 Part 2: Creditors with Nonpriority Unsecured Claims Tinley Park, IL 60477 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? L J Ross And Associate Line 4.14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 4 Universal Way ■ Part 2: Creditors with Nonpriority Unsecured Claims Po Box 6099 Jackson, MI 49204 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Med Business Bureau Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 1460 Renaissance Dr #400 Part 2: Creditors with Nonpriority Unsecured Claims Park Ridge, IL 60068 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Medical Business Bureau** Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 1219 ■ Part 2: Creditors with Nonpriority Unsecured Claims Park Ridge, IL 60068 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Merchants Credit** Line 4.17 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 223 W Jackson Blvd Part 2: Creditors with Nonpriority Unsecured Claims Ste 700 Chicago, IL 60606 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Nationwide Credit & Collections, Inc Line 4.19 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims Attn : Bankruptcy ■ Part 2: Creditors with Nonpriority Unsecured Claims 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Last 4 digits of account number

Name and Address Peoples Gas 200 E Randolph St 20th Floor Chicago, IL 60601

Official Form 106 E/F

On which entry in Part 1 or Part 2 did you list the original creditor?

■ Part 2: Creditors with Nonpriority Unsecured Claims

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Gwendolynn Johnson		Case number (if know)					
	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?					
West Suburban Obstetrics &	Line 4.25 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
Gynecolo 15900 W 127th , Ste 200 Lemont, IL 60439		■ Part 2: Creditors with Nonpriority Unsecured Claims					
	Last 4 digits of account number	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?					
Zachary T. Fardon	Line <u>2.2</u> of (Check one):	■ Part 1: Creditors with Priority Unsecured Claims					
United States Attorney - NDIL 219 S. Dearborn St., 5th Floor Chicago, IL 60604		☐ Part 2: Creditors with Nonpriority Unsecured Claims					
-	Last 4 digits of account number						

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 1,529.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 1,529.00
	0.1			Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6a.	Obligations arising out of a separation agreement or divorce that		
	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 17,443.69
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 17,443.69

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		Bodanie	1 446 66 61 66	
Fill in this infor	mation to identify your	case:		
Debtor 1	Gwendolynn Joh	nson		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Month to month lease for \$1,200.00 per month.

1631 N Merrimac Ave
Chicago, IL 60639

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		Documen	t Page 31 d	of 55		
Fill in this i	information to identify your	case:				
Debtor 1	Gwendolynn Joh	nson				
Dahtar 0	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT C	F ILLINOIS			
Case numb	per					
(if known)						f this is an
Ott: -: -1	Farma 40011				amende	a filing
	Form 106H ule H: Your Code	obtors				40/45
Scried	ule II. Toul Cou	EDIOIS				12/15
people are fill it out, an	are people or entities who a filing together, both are equand nd number the entries in the and case number (if known)	ally responsible for supply boxes on the left. Attach t	ing correct informat	tion. If more space is i	needed, copy the A	dditional Page,
1. Do y	ou have any codebtors? (If y	ou are filing a joint case, do	not list either spouse	as a codebtor.		
■ No □ Yes						
	nin the last 8 years, have you a, California, Idaho, Louisiana,					es include
■ No. (Go to line 3.					
	. Did your spouse, former spou	use, or legal equivalent live v	with you at the time?			
in line Form 1	umn 1, list all of your codebt 2 again as a codebtor only i 106D), Schedule E/F (Official Ilumn 2.	f that person is a guaranto	r or cosigner. Make	sure you have listed t	he creditor on Scho	edule D (Official
_	Column 1: Your codebtor lame, Number, Street, City, State and ZI	P Code		Column 2: The cr Check all schedul	editor to whom you es that apply:	owe the debt
3.1				☐ Schedule D, lir	ne	
	Name			☐ Schedule E/F,	line	
				☐ Schedule G, lir	ne	
	Number Street City	State	ZIP Code			
	-					
3.2				☐ Schedule D, lir	16	
	Name			☐ Schedule E/F,		
				☐ Schedule G, lir	ne	

Street

State

Number

City

ZIP Code

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Fill	in this information t	to identify your ca	ase:										
	btor 1	Gwendolynr											
	btor 2 ouse, if filing)						_						
Uni	ited States Bankrup	otcy Court for the	: NORTHERN DISTRIC	CT OF ILL	INOIS								
(If kr	se number	1061		-					3 income	ed fili ent sl as of	howing f the fo	g postpetition ollowing date:	
	chedule I:		ome					N	MM / DD/`	YYYY	,		12/15
sup spo atta	plying correct info puse. If you are sep ich a separate she	ormation. If you parated and you	sible. If two married peo are married and not filii r spouse is not filing wi On the top of any additi	ng jointly ith you, d	, and your spo o not include	ouse i inform	s liv natio	ing with on abou	you, inc t your sp	lude i ouse	inforn . If mo	nation about ore space is	your needed,
1.	Fill in your empl information.	loyment		Debtor	1				Debtor	2 or ı	non-fil	ling spouse	
	If you have more attach a separate		Employment status	■ Employed				☐ Employed					
	information about employers.	1 0		□ Not employed				☐ Not employed					
	Include part-time, seasonal, or self-employed work.		Occupation Employer's name	Admin Assistant Interactive Business Systems, Inc			ms,						
	Occupation may or homemaker, if		Employer's address	2625 Butterfield Rd Ste 114W Oak Brook, IL 60523				ıw					
			How long employed to	here?	4 months				_				
Par	rt 2: Give De	etails About Mon	thly Income										
	imate monthly incouse unless you are		ate you file this form. If	you have	nothing to repo	ort for	any l	ine, writ	e \$0 in the	e spac	ce. Inc	clude your no	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co this form.	ombine the	e information fo	or all e	emplo	yers for	that pers	on on	the lir	nes below. If	you need
								For De	btor 1			otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)			2.	\$	3	3,333.38	\$		N/A	
3.	Estimate and lis	t monthly overti	me pay.			3.	+\$		0.00	+\$	_	N/A	
4.	Calculate gross	Income. Add lin	ne 2 + line 3.			4.	\$	3,3	33.38		\$	N/A	

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Debt	or 1	Gwendolynn Johnson	-		Case	number (if k	nown)				
					For	Debtor 1			Debtor : filing s	2 or pouse	
	Cop	by line 4 here	4.		\$_	3,33	3.38	\$		N/A	_
5.	List	t all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5	a.	\$	690	6.42	\$		N/A	
	5b.	Mandatory contributions for retirement plans	51	b.	\$		0.00	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans		d.	\$_		0.00	\$		N/A	_
	5e.	Insurance		е.	\$_ \$		7.06	\$		N/A	-
	5f. 5g.	Domestic support obligations Union dues	5f 5g		» \$		0.00	\$		N/A N/A	_
	5h.	Other deductions. Specify:		y. h.+	\$ -			+ \$		N/A	_
6.		d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		* \$		3.48	\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		* — \$	2,389		\$		N/A	-
8.		t all other income regularly received:			-	2,00	<u></u>	*			-
		monthly net income.	88	a.	\$		0.00	\$		N/A	
	8b.	Interest and dividends	81	b.	\$		0.00	\$		N/A	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80	C.	\$		0.00	\$		N/A	
	8d.	Unemployment compensation	80	d.	\$		0.00	\$		N/A	_
	8e.	Social Security	86	e.	\$		0.00	\$		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f		\$_		0.00	\$		N/A	_
	8g.	Pension or retirement income	8(-	\$_		0.00	\$		N/A	-
	8h.	Other monthly income. Specify:	_ 81	h.+ _	\$_		0.00	+ \$		N/A	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$	(0.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,389.90	+ \$		N/A	= \$	2,389.90
		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_		_,000.00				<u> </u>	_,000.00
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	dep		,			•	chedule 11.		0.00
12.		d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certaillies							12.	\$	2,389.90
13.	Do	you expect an increase or decrease within the year after you file this form	?						L	Combin monthl	ned y income
		No.									

Official Form 106I Schedule I: Your Income page 2

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Fill in this infor	mation to identify your case:					
Debtor 1	Gwendolynn Johnson			Check	if this is:	
Debtor 2 (Spouse, if filing)				_ A		ving postpetition chapter the following date:
	inkruptcy Court for the: NORTHERN DISTR	ICT OF ILLINOIS			IM / DD / YYYY	
	THORITIENT BIOTIC	101 01 122114010	<u>'</u>	ıv	, 667 1111	
Case number (If known)						
Official F	Form 106J					
	le J: Your Expenses					12/1
information. I	te and accurate as possible. If two marr f more space is needed, attach another s own). Answer every question.					
	scribe Your Household					
	oint case?					
	o to line 2. Ooes Debtor 2 live in a separate househo	ld?				
' 	l No					
	Yes. Debtor 2 must file Official Form 106	I-2, Expenses for	Separate Househo	old of Debto	r 2.	
2. Do you h	ave dependents? ☐ No					
Do not lis Debtor 2.	t Debtor 1 and Yes. Fill out this in each depend		Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
Do not sta		_	•		40	□ No
depender	its names.	3	Son		18	■ Yes □ No
						☐ Yes
		_				□ No
		_				Yes
						□ No
3. Do vour	expenses include	_				☐ Yes
expense	s of people other than and your dependents?					
	timate Your Ongoing Monthly Expenses					
	expenses as of your bankruptcy filing of a date after the bankruptcy is filed. If the					
•	uses paid for with non-cash government	•				
(Official Form	uch assistance and have included it on 106l.)	Scriedule I: Your	rincome		Your expe	enses
	al or home ownership expenses for your and any rent for the ground or lot.	residence. Inclu	ide first mortgage	4. \$		1,200.00
If not inc	luded in line 4:					
4a. Re	al estate taxes			4a. \$		0.00
	perty, homeowner's, or renter's insurance			4b. \$		0.00
	me maintenance, repair, and upkeep exper			4c. \$		0.00
	meowner's association or condominium du al mortgage payments for your residenc		equity loans	4d. \$ 5. \$		0.00
J. Addition	ar moregage payments for your residence	o, Jaon ao nome	oquity louis	υ. ψ		0.00

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Debt	or 1	Gwendolynn Johnson	Case number (if known)	
6.	Utilit	ies:		
-	6a.	Electricity, heat, natural gas	6a. \$	390.00
	6b.	Water, sewer, garbage collection	6b. \$	0.00
	6c.	Telephone, cell phone, Internet, satellite, and cable service	es 6c. \$	120.00
	6d.	Other. Specify:	6d. \$	0.00
7.	Food	d and housekeeping supplies	7. \$	350.00
		dcare and children's education costs	8. \$	0.00
		hing, laundry, and dry cleaning	9. \$	50.00
		onal care products and services	10. \$	65.00
		ical and dental expenses	11. \$	0.00
		sportation. Include gas, maintenance, bus or train fare.	· · · · · · · · · · · · · · · · · · ·	0.00
		ot include car payments.	12. \$	200.00
13.		rtainment, clubs, recreation, newspapers, magazines, ar	nd books 13. \$	0.00
		ritable contributions and religious donations	14. \$	0.00
		rance.	· -	
	Do no	ot include insurance deducted from your pay or included in li	nes 4 or 20.	
	15a.	Life insurance	15a. \$	0.00
	15b.	Health insurance	15b. \$	0.00
	15c.	Vehicle insurance	15c. \$	130.00
	15d.	Other insurance. Specify:	15d. \$	0.00
		es. Do not include taxes deducted from your pay or included	in lines 4 or 20.	
	Spec		16. \$	0.00
7.	Insta	allment or lease payments:		
		Car payments for Vehicle 1	17a. \$	0.00
	17b.	Car payments for Vehicle 2	17b. \$	0.00
	17c.	Other. Specify:	17c. \$	0.00
	17d.	Other. Specify:	17d. \$	0.00
8.	Your	payments of alimony, maintenance, and support that yo		
		ucted from your pay on line 5, Schedule I, Your Income (0.00
9.	Othe	er payments you make to support others who do not live	with you. \$	0.00
	Spec		19.	
		er real property expenses not included in lines 4 or 5 of the		
		Mortgages on other property	20a. \$	0.00
		Real estate taxes	20b. \$	0.00
		Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d.	Maintenance, repair, and upkeep expenses	20d. \$	0.00
		Homeowner's association or condominium dues	20e. \$	0.00
1.	Othe	er: Specify:	21. +\$	0.00
2	Cala	ulate your menthly expenses		
		ulate your monthly expenses Add lines 4 through 21.	c	2 505 00
		Copy line 22 (monthly expenses for Debtor 2), if any, from C	official Form 106J-2	2,505.00
			······································	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	\$	2,505.00
23	Calc	ulate your monthly net income.		
		Copy line 12 (your combined monthly income) from Schedu	ule I. 23a. \$	2,389.90
		Copy your monthly expenses from line 22c above.	23b\$	2,505.00
	200.	Copy your monthly expenses from the 220 above.	Σου. Ψ	2,303.00
	23c.	Subtract your monthly expenses from your monthly income		
		The result is your <i>monthly net income</i> .	23c. \$	-115.10
		 		
24.	Do y	ou expect an increase or decrease in your expenses with	hin the year after you file this form?	
		xample, do you expect to finish paying for your car loan within the year	ar or do you expect your mortgage payment to increase	or decrease because of a
		ication to the terms of your mortgage?		
	■ No			
	☐ Ye	es. Explain here:		

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Fill in this inform	nation to identify your	case:			
Debtor 1	Gwendolynn Joh	nson			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an amended filing
Official Forn					
Declarat	ion About a	ın Individual	Debtor's So	chedules	12/15
,	8 U.S.C. §§ 152, 1341, 1 n Below	519, and 3571.			
Did you pay	y or agree to pay some	one who is NOT an attor	ney to help you fill out b	bankruptcy forms?	
■ No					
☐ Yes. N	lame of person				kruptcy Petition Preparer's Notice, , and Signature (Official Form 119)
	Ity of perjury, I declare true and correct.	that I have read the sum	mary and schedules file	ed with this declaration	on and
X /s/ Gwe	endolynn Johnson		X		
Gwend	lolynn Johnson re of Debtor 1		Signature of	Debtor 2	
Date [December 20, 2016		Date		

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Fill in this information to identify your case:	
Debtor 1 Gwendolynn Johnson	
First Name Middle Name Last Name	
Debtor 2 (Spouse if, filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number	
(if known)	☐ Check if this is an amended filing
Official Farms 407	
Official Form 107 Statement of Financial Affaire for Individuals Filing for Box	
Statement of Financial Affairs for Individuals Filing for Ban	<u> </u>
Be as complete and accurate as possible. If two married people are filing together, both are equinformation. If more space is needed, attach a separate sheet to this form. On the top of any ad	
number (if known). Answer every question.	
Part 1: Give Details About Your Marital Status and Where You Lived Before	
1. What is your current marital status?	
☐ Married	
■ Not married	
2. During the last 3 years, have you lived anywhere other than where you live now?	
■ No	
Yes. List all of the places you lived in the last 3 years. Do not include where you live now.	
Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Addre lived there	Dates Debtor 2 lived there
3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community p	perty state or territory? (Community property
states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico,	as, Washington and Wisconsin.)
■ No	
Yes. Make sure you fill out <i>Schedule H: Your Codebtors</i> (Official Form 106H).	
Part 2 Explain the Sources of Your Income	
4. Did you have any income from employment or from operating a business during this year of Fill in the total amount of income you received from all jobs and all businesses, including part-time If you are filing a joint case and you have income that you receive together, list it only once under	tivities.
□ No	
Yes. Fill in the details.	
Debtor 1 D	or 2
Sources of income Gross income Check all that apply. Gefore deductions and C	ces of income k all that apply. Gross income (before deductions
Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until Wages, commissions, \$30,687.13	ces of income Gross income

Official Form 107

Case 16-39950 Doc 1 Filed 12/20/16 Entered 12/20/16 18:14:26 Desc Main Document Page 38 of 55 Case number (if known) Debtor 1 **Gwendolynn Johnson** Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income Gross income Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$27,042.00 ☐ Wages, commissions, ■ Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$28,699.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

Debtor 1
Sources of income
Describe below.

Gross income from each source (before deductions and exclusions)

Debtor 2
Sources
Describe

Sources of income Describe below.

Gross income (before deductions and exclusions)

For last calendar year: (January 1 to December 31, 2015)

Pension Distribution \$2,100.00

Part 3: List Certain Payments You Made Before You Filed for Bankru
--

6.	Are either Debtor 1's or Debtor 2's debts	primarily consumer debts?
----	---	---------------------------

□ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

□ No. Go to line 7.

Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

■ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address

Dates of payment

Total amount

Amount you

Was this payment for ...

paid

still owe

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Case number (if known) Document Debtor 1 Gwendolynn Johnson

		Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider.						
	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	r this payment		
inside	in 1 year before you filed for bankruptc ler? de payments on debts guaranteed or cosi				account of a d	lebt that benefited an		
_	No							
	Yes. List all payments to an insider	Dates of navment	Total amount	Amount vou	December for	s this payment		
insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Include cred	r this payment ditor's name		
Part 4:	Identify Legal Actions, Repossession	s, and Foreclosures						
List al modifi	in 1 year before you filed for bankruptc ill such matters, including personal injury of fications, and contract disputes.							
	Yes. Fill in the details.		_					
	e title e number	Nature of the case	Court or agency		Status of the	he case		
Check	in 1 year before you filed for bankruptc ik all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		erty repossessed, f	oreclosed, garr	ished, attache	d, seized, or levied?		
Cred	ditor Name and Address	Describe the Property		Dat	е	Value of the		
		Explain what happened	I			property		
accou	in 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details.		luding a bank or fii	nancial instituti	on, set off any	amounts from your		
Cred	ditor Name and Address	Describe the action the	creditor took	Dat tak	e action was en	Amount		
court	in 1 year before you filed for bankruptc t-appointed receiver, a custodian, or an No Yes		erty in the possess	ion of an assigı	nee for the ben	efit of creditors, a		
Part 5:	List Certain Gifts and Contributions							
= N	in 2 years before you filed for bankrupt No Yes. Fill in the details for each gift.	cy, did you give any gifts	s with a total value	of more than \$	600 per person	?		
	s with a total value of more than \$600 person	Describe the gifts			es you gave gifts	Value		
	son to Whom You Gave the Gift and ress:							

Case 16-39950 Doc 1 Filed 12/20/16 Entered 12/20/16 18:14:26 Document Page 40 of 55 Case number (if known) Debtor 1 **Gwendolynn Johnson** 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You Swanson & Desai, LLC Attorney Fees \$15.00, \$335.00 for filing 12/20/2016 \$400.00 2314 W North Ave Unit C-1W fee, \$10.00 for copy costs, and \$40.00 Chicago, IL 60647 for credit report kswanson@swansondesai.com **Father Access Counseling** Credit Counseling \$14.95 12/16/2016 \$14.95 633 W 5th Street Suite 26001 Los Angeles, CA 90071 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No

Yes. Fill in the details.

Person Who Was Paid **Address**

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

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Debtor 1 Gwendolynn Johnson

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security in include gifts and transfers that you have already listed on this statement.						
	■ No ■ Yes. Fill in the details.	isted on this statement.				
	- 100.1 iii iii tilo dotallo.	Description and o	alua af	D	h	Data transfer was
	Person Who Received Transfer Address	Description and v property transferr		payme	be any property or ents received or debts n exchange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection)		y property to a se	elf-settled	d trust or similar device	of which you are a
	■ No					
	Yes. Fill in the details.					
	Name of trust	Description and v	alue of the prope	erty trans	ferred	Date Transfer was made
Par	List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Stor	age Units	5	
	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred?	•				
	Include checking, savings, money market, or chouses, pension funds, cooperatives, associated as a second sec			f deposit	; shares in banks, credit	unions, brokerage
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution and La	Last 4 digits of account number Type of instructions		of account or ument Date account or closed, sold, moved, or		Last balance before closing or transfer
	,				transferred	uansici
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit be cash, or other valuables?				osit box or other deposi	itory for securities,	
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		escribe 1	the contents	Do you still have it?
22.	Have you stored property in a storage unit or p	•	home within 1 ye	ear befor	e you filed for bankrupto	ey?
	■ No □ Yes. Fill in the details.					
	Name of Storage Facility	Who else has or h	and access D	ascriba 1	ha contants	Do you still
	Address (Number, Street, City, State and ZIP Code)	to it?	Address (Number, Street, City,		ine contents	have it?
Par	t 9: Identify Property You Hold or Control for	r Someone Else				
23.	3. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.					
	■ No □ Yes. Fill in the details.					
	Owner's Name	Where is the prop	erty? D	escribe 1	the property	Value
	Address (Number, Street, City, State and ZIP Code)	(Number, Street, City, S Code)				
Par	t 10: Give Details About Environmental Inform	nation				
For 1	the purpose of Part 10, the following definitions	s apply:				

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 **Gwendolynn Johnson**

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	hazardous material, pollutant, contaminant, or similar term.							
Rep	Report all notices, releases, and proceedings that you know about, regardless of when they occurred.							
24.	Has	las any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?						
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
25.	Hav	e you notified any governmental unit of	any release of hazardous material?					
		No Yes. Fill in the details.						
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice		
26.	Hav	e you been a party in any judicial or adm	ninistrative proceeding under any envi	ronn	nental law? Include settlements a	and orders.		
		No Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case		
Par	t 11:	Give Details About Your Business or 0	Connections to Any Business					
27.	Wit	hin 4 years before you filed for bankrupto	cy, did you own a business or have ar	y of	the following connections to any	business?		
		☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
		☐ A member of a limited liability comp	any (LLC) or limited liability partnersh	ip (L	LP)			
		☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to Part 12.							
		Yes. Check all that apply above and fill	in the details below for each business	S.				
		siness Name dress	Describe the nature of the business		Employer Identification number Do not include Social Security I			
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed			
28.		hin 2 years before you filed for bankrupto itutions, creditors, or other parties.	cy, did you give a financial statement	to an		de all financial		
		No Yes. Fill in the details below.						
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued					
_	_	=						

Part 12: Sign Below

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Debtor 1 **Gwendolynn Johnson** Case number (if known)

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this informa	tion to identify your	2250:		
	mon to identify your	Jase.		
Debtor 1	Gwendolynn John First Name	Niddle Name	Last Name	
Debtor 2	i iist ivaille	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bank	ruptcy Court for the:	NORTHERN DIST	TRICT OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official Form	m 108			
		n for Indiv	iduals Filing Under Chan	tor 7
Statement	or intentio	ii ioi iiiaiv	riduals Filing Under Chap	12/15
If you are an indivi	dual filing under chap	oter 7 you must fil	Lout this form if:	
	claims secured by yo	-	out this form ii.	
_	l personal property a		ot expired	
			you file your bankruptcy petition or by the date	e set for the meeting of creditors,
whicheve on the fo	•	e court extends the	e time for cause. You must also send copies to	the creditors and lessors you list
on the lo	1111			
	ole are filing together date the form.	in a joint case, bo	th are equally responsible for supplying correc	t information. Both debtors must
Po as complete an	d accurate as possib	la If mara angos is	a needed attach a congrete cheet to this form	On the ten of any additional pages
	r name and case nun		s needed, attach a separate sheet to this form.	on the top of any additional pages,
Part 1: List You	r Creditors Who Have	Secured Claims		
•	•	art 1 of Schedule D	: Creditors Who Have Claims Secured by Prop	erty (Official Form 106D), fill in the
information belo	w. itor and the property tl	nat is collateral	What do you intend to do with the property t	that Did you claim the property
racinally and croal	nor and the property th		secures a debt?	as exempt on Schedule C?
Creditor's Hea	althcare Assoc Cre	dit Union	= • • • • •	=
name:	altilicate Assoc Cie	ait offion	Surrender the property.	■ No
name.			☐ Retain the property and redeem it. ☐ Retain the property and enter into a	□Yes
Description of	2013 Kia Optima 50	0,000 miles	Reaffirmation Agreement.	
property	Sedan 4D EX		☐ Retain the property and [explain]:	
securing debt:				
Part 2: List You	r Unexpired Persona	Proporty oasos		
			in Schedule G: Executory Contracts and Unex	pired Leases (Official Form 106G), fill
			expired leases are leases that are still in effect	• •
rou may assume a	n unexpired persona	i property lease if	the trustee does not assume it. 11 U.S.C. § 365	(p)(2)-
Describe your une	expired personal prop	perty leases		Will the lease be assumed?
				_
Lessor's name:	Gerry Davis			□ No
				Yes
				– 165
Description of lease	ed Month to mont	th lease for \$1.20	00.00 per month.	
Property:				
Part 3: Sign Bel	ow			
0.9 00				

Official Form 108

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Deb	otor 1 (Swendolynn Johnson	Case number (if known)
Und	er penal	ty of perjury, I declare that I have indicat	ted my intention about any property of my estate that secures a debt and any personal
prop X	•	t is subject to an unexpired lease.	x
	Gwendolynn Johnson		Signature of Debtor 2
	Signatu	ure of Debtor 1	
	Date	December 20, 2016	Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-39950 Doc 1 Filed 12/20/16 Entered 12/20/16 18:14:26 Desc Main Document Page 50 of 55

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	e Gwendolynn Johnson		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COM	PENSATION OF ATTOR	NEY FOR DE	EBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplat	filing of the petition in bankruptcy, of	or agreed to be paid	to me, for services rendered or to	
	For legal services, I have agreed to accept		\$	1,000.00	
	Prior to the filing of this statement I have recei	ved	\$	15.00	
	Balance Due		\$	985.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed of	compensation with any other person u	nless they are meml	bers and associates of my law firm.	
	☐ I have agreed to share the above-disclosed compopy of the agreement, together with a list of the				
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:				
	 a. Analysis of the debtor's financial situation, and r b. Preparation and filing of any petition, schedules c. Representation of the debtor at the meeting of cr d. [Other provisions as needed] 	, statement of affairs and plan which i	may be required;		
6.	By agreement with the debtor(s), the above-disclose	ed fee does not include the following	service:		
		CERTIFICATION			
	I certify that the foregoing is a complete statement coankruptcy proceeding.	of any agreement or arrangement for p	payment to me for re	epresentation of the debtor(s) in	
	December 20, 2016	/s/ Mehul D. Desai			
_	Date	Mehul D. Desai			
		Signature of Attorney Swanson & Desai ,			
		2314 W North Ave			
		Chicago, IL 60647	. 242 666 0004		
		312-666-7882 Fax kswanson@swans			
		Name of law firm			

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United States Bankruptcy Court Northern District of Illinois

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In re	Gwendolynn Johnson		Case No.	
		Debtor(s)	Chapter	7
	VE	RIFICATION OF CREDITOR M	ATRIX	
	V E.	WITCHTION OF CREDITOR W	2111121	
		Number of Creditors: 39		
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of credit	ors is true and co	orrect to the best of my
Date:	December 20, 2016	/s/ Gwendolynn Johnson Gwendolynn Johnson		

A/r Concepts 18-3 E Dundee Rd Barrington, IL 60010

ACL PO Box 27901 Milwaukee, WI 53227

Advocate Medical Group PO Box 92523 Chicago, IL 60675

Advocate Medical Group 8550 W Bryn Mawr Ave 8th Fl Chicago, IL 60631

American First Finance Bankruptcy Dept. 3515 N. Ridge Rd., #200 Wichita, KS 67205

American General Financial /Springleaf Financial Unit F Villa Park, IL 60181

American General Financial/Springleaf Fi Springleaf Financial/Attn: Bankruptcy De Po Box 3251 Evansville, IN 47731

Buckeye Check Cashing of Illinois 6785 Bobcat Way Ste 200 Dublin, OH 43016-8755

Capital One Po Box 30281 Salt Lake City, UT 84130

Capital One Po Box 30285 Salt Lake City, UT 84130 City of Chicago c/o Arnold Scott Harris PC 111 W Jackson Blvd, Ste 600 Chicago, IL 60604

EPMG of Illinois SC PO Box 95968 Oklahoma City, OK 73143

Gottlieb Memorial Hospital PO Box 74867 Chicago, IL 60694-4867

Healthcare Assoc Cr Un 1151 E Warrenville Rd Naperville, IL 60563

Healthcare Assoc Credit Union 1151 E Warrenville Rd Naperville, IL 60563

ICS/Illinois Collection Service 8231 185th St Ste 100 Tinley Park, IL 60487

ICS/Illinois Collection Service Po Box 1010 Tinley Park, IL 60477

Illinois Department of Revenue Bankruptcy Section P.O. Box 64338 Chicago, IL 60664

Illinois Tollway 2700 Ogden Ave Downers Grove, IL 60515

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

L J Ross And Associate 4 Universal Way Jackson, MI 49202 L J Ross And Associate 4 Universal Way Po Box 6099 Jackson, MI 49204

Med Business Bureau 1460 Renaissance Dr Park Ridge, IL 60068

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

Medical Business Bureau P.O. Box 326 Grand Haven, MI 49417

Medical Business Bureau PO Box 1219 Park Ridge, IL 60068

Merchants Credit 223 W Jackson Blvd Ste 4 Chicago, IL 60606

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

Midwest Imaging Professionals P.O. Box 223831 Pittsburgh, PA 15250-7863

Nationwide Credit & Collections, Inc 815 Commerce Dr Ste 270 Oak Brook, IL 60523

Nationwide Credit & Collections, Inc Attn: Bankruptcy 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Onemain Po Box 1010 Evansville, IN 47706

Peoples Gas 200 East Randolph Chicago, IL 60601

Peoples Gas 200 E Randolph St 20th Floor Chicago, IL 60601

PLS Loan Store 17 W 625 Roosevelt Rd Oakbrook Terrace, IL 60181

Rush Oak Park Hospital 26099 Network Place Chicago, IL 60673

West Suburban Obstetrics & Gynecolo 500 E 22nd St, Ste A Lombard, IL 60148

West Suburban Obstetrics & Gynecolo 15900 W 127th , Ste 200 Lemont, IL 60439

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